ABSTRACT

OF THE

PROCEEDINGS

OF THE

OBSTETRIC SOCIETY OF EDINBURGH,

FOR 1846–1847.

SESSION VI.

EDINBURGH:
SUTHERLAND AND KNOX, 58, PRINCES STREET.

MDCCCXLVII.

LIST OF MEMBERS

OF

THE EDINBURGH OBSTETRIC SOCIETY

SINCE ITS INSTITUTION, JANUARY 13, 1840.

Dr. R. Renton.
„ P. Fairbairn.
„ Robert Lewins.
„ J. F. Combe
„ James Pagan.
„ Graham Weir.
„ G. Paterson.
„ F. Farquharson.
Mr John Kennedy.
Dr William Beilby.
„ William Dunbreck.
Mr Charles Sidey.
Dr Alexander Wood.
„ Charles Bell.
„ William Purdie.
„ Alexander Peddie.
„ C. Ransford.
„ A. Ziegler.
„ J. Moir.
„ R. H. Maleolm.
„ T. H. Pattison.
„ R. Paterson.
„ J. Marr.
„ J. Taylor.
„ J. Y. Simpson.
„ Craig.
Mr J. Cowan.
Dr Francis J. White.
„ Wm. S. Carmichael.
„ F. Somerville.
„ Thos. Williamson.
„ Henry Graham.
„ William Bruce.
Mr Tait.
Dr John G. Pack.
Mr Daniel Kerr.
Dr Smith.
„ George Lund.
„ John Rose Cormack.

Mr Wm. M. Turnbull.
„ David Skae.
Dr William Cumming.
„ James Dunsmure.
„ John Wilson.
„ Cornwall.
„ A. Macaulay.
„ Francis Black.
„ Fehrszen.
„ Andrews.
Mr A. Thomson.
Dr John C. Graham.
Mr Woodhead.
Dr A. Douglas.
„ T. B. Watson.
„ J. Tulloh.
„ Geo. F. Etherington.
„ Reid, R.N.
Mr. Jackson.
Dr Chas. Imlach.
„ W. Gilchrist.
„ Martin Barry.
„ Niven.
„ G. S. Keith.
„ D. Wilson.
„ A. Makellar.
„ Thomas M. Lee.
„ Alex. Keiller.
„ Wm. Finlay.
„ P. B. Cunningham.
„ F. D. M'Cowan.
„ Wm. M. Mackenzie.
„ Young.
„ R. Young.
„ Burn.
„ Menzies.
„ Balfour.
„ Ebenezer Skae.
„ Buchanan.

CORRESPONDING MEMBERS.

Dr Churchill, Dublin.
„ Radford, Manchester.
„ Robert Lee, London.
„ E. Kennedy, Dublin.
„ Montgomery, Dublin.

Professor Burns, Glasgow.
Dr Robert Ferguson, London.
„ Thos. Edw. Beatty, Dublin.
„ Conquest, London.
„ Ingleby, Birmingham.

INDEX TO SOCIETY'S PROCEEDINGS FOR 1846-7.

Note.—At page 13, two paragraphs relating to fever and etherization in eye diseases, have been accidentally interpolated by the printer in reprinting the above abstract from the Monthly Journal of Medical Science.

OBSTETRIC SOCIETY OF EDINBURGH.

SESSION VI.

Wednesday, January 20, 1847.—Dr Simpson, President, in the Chair.

The following gentlemen were elected office-bearers for this session;—Dr Simpson, *President;* Dr Beilby and Dr Graham Weir, *Vice-Presidents;* Dr Cumming and Dr Keith, *Secretaries;* Dr Cumming, *Treasurer.*

It was unanimously agreed, that, in future, regular abstracts of the proceedings of the society should be published in the Monthly Journal of Medical Science.

Case of Turning under the Influence of Sulphuric Ether; and Proposed Substitution of Turning for Craniotomy in Cases of Detention of the Child's Head at the Brim of the Pelvis.—*Dr Simpson* showed a child which he had, on the preceding evening, extracted by turning, while the mother was insensible from the use of sulphuric ether. Its head was flattened, and its right parietal bone was deeply indented, from pressure upon the projecting promontory of the sacrum. [For the other particulars of the case, see the Monthly Journal of Medical Science for February 1847, p. 639.]

Dr Simpson added, that he had practised turning as an alternative for craniotomy and the long forceps, in several other cases in which the head had been morbidly detained at the brim of the pelvis, from the slighter forms of disproportion between the two; and he believed it to present various advantages over embryulsio. It gave the child a chance of life; it was more safe to the mother, because it could be performed earlier in the labour, and more speedily; it enabled us to adjust and extract the head of the child through the imperfect pelvic brim in the most advantageous form and direction, the head flattening *laterally* under the traction; the neck of the child (if it were living, or only lately dead) was so strong as to allow us to exert such a degree of traction upon the obstructed head, that the sides of the cranium might become very greatly compressed, or even indented under it, and that without necessarily destroying the child. And, lastly, he observed, it was a practice which could be followed when proper instruments were not at hand; and the avoidance of instruments was generally desirable when it was possible.

Gutta Percha for Obstetric Instruments,—*Dr Simpson* showed to the Society some instruments he had made of gutta percha. He alluded to a paper by Dr D. Maclagan, in the last volume of the Transactions of the Royal Scottish Society of Arts, in which Dr M. first suggested the use to which this substance may be put in forming various surgical apparatus.

The gutta percha, when cold, or at a low temperature, such as that of the body, possesses a great degree of firmness and hardness. On being dipped for a short time into hot water, it becomes quite soft and ductile and can be moulded into any form with the greatest ease. We may thus easily and speedily fashion from it a pessary, for instance, of any size or form that is required in any par-

ticular case, If tried, and found not to be of the proper size or form, it is only necessary to immerse it again in boiling water, after which it can be altered in any way that may be desired. It gets immediately hard on dipping it into cold water. Dr Simpson showed several different kinds of pessaries he had constructed in this way, some artificial teats, nipple shields, a catheter, a speculum uteri, &c. He further suggested its use for uterine bougies, handles of forceps, &c., &c.

When in their heated and softened state, a smooth and excellent surface could, when necessary, be given to these instruments of gutta percha, by pressing them against a polished metallic surface or die. Dr. Simpson added, that instruments of this material presented the advantages, 1. of extreme cheapness ; 2. they made us, in a great degree, independent of the cutler, for they could at the moment required, be fashioned, and altered, diminished or enlarged, in part or in whole, at will ; and, 3, the country practitioner might always carry along with him a sufficient quantity of the material for making these and other obstetrical and surgical instruments, for, by the aid of boiling water, he could readily convert his walking cane or whip handle into them, provided these accoutrements were made (as now many handsome forms of them really are) of this same substance,—the gutta percha. It is procured in great abundance from some islands in the Torrid Zone.

Cases of Prolapsus of the Cord Terminating Favourably without Instrumental Interference.—*Mr Woodhead* mentioned a case of prolapsus of the cord, in which he had succeeded in saving the child by administering a large dose of ergot. The first stage of labour was almost fully over, when he detected the prolapsed cord. The pelvis was large and roomy, and the soft parts well relaxed. After failing to reduce the cord, he gave ʒii of ergot, the pains at the time having got very feeble. They speedily became very active, and, after 20 minutes, the child was expelled alive.

Dr Thomson stated, that in a case of twins, he found, on making an examination after the birth of the first child, that the cord of the second was prolapsed. He was considering what course he should pursue, when strong uterine contractions came on, and expelled the infant alive after a few pains.

Irregularity of the Pulse during and after Labour.—*Dr Taylor* related the case of a lady who, some days before her accouchement, had slight catarrhal symptoms, and was desired to keep her room ; the affection was so slight that the pulse was not examined. Dr Taylor did not see her again until labour had commenced, when he found the os uteri well dilated, and every thing going on favourably ; her cold was, she said, much better. On feeling her pulse, he found it intermitting, and extremely irregular, sometimes a mere flutter, then one or two distinct beats, then an intermission, and so on. She said that her feelings were perfectly comfortable, on faintishess, nor feelings of sinking, and she was in no way anxious about the results of her labour. The child was born within half an hour, and as the pains increased in severity, the pulse became quite natural. The placenta was soon thrown off without hemorrhage ; the pulse, however, almost immediately became as irregular as before, the patient, notwithstanding, complaining of nothing ; respiration natural ; no cough. She made an excellent recovery, but it was fully a week before the pulse became quite regular. The lady has always enjoyed excellent health, without any previous irregularity of the heart's action ; she was neither anæmic nor hysterical. It was her fourth confinement.

SECOND MEETING.—*Feb. 10th* 1847. DR SIMPSON in the Chair.

INHALATION OF ETHER IN THE PRACTICE OF MIDWIFERY.—*Dr Simpson* continued his report of cases in which he had employed ether during parturition. He detailed one forceps case, and several instances of natural labour, in which he had used it since the date of his last communication. (See last number of Monthly Journal, p. 717.) From these cases he inferred—1. That the inhalation of ether procured for the patient a more or less perfect immunity from the conscious pain and suffering attendant upon labour. 2. That it did not however, diminish the strength or regularity of the contractions of the uterus. 3. That, on the other hand, it apparently, (more especially when combined with ergot) sometimes increased them in severity and number. 4. That the contraction of the uterus, after delivery, seemed perfect and healthy when it was administered. 5. That the reflex assistant contractions of the abdominal muscles, &c., were apparently more easily called into action by artificial irritation, and pressure on the vagina, &c., when the patient was in an etherized state. 6. That its employment might not only save the mother from mere pain in the last stage of labour, but might probably save her also, in some degree, from the occurrence and consequences of the *nervous shock* attendant upon delivery, and thereby reduce the danger and fatality of child-bed ; and 7. Its exhibition did not seem to be injurious to the child.

Dr Simpson mentioned a case in which he had employed the inhalation of laudanum. It was the lady's second pregnancy. She miscarried at the third month, during her first pregnancy. On the present occasion, severe sickness and vomiting came on about the same time after conception, and creating great fear of another miscarriage. The retching and vomiting continued, with slight intermission, for nearly two days, in despite of the use of ice, prussic acid, half-grain opium pills, &c. ; and the patient was complaining much of weakness and want of sleep, when Dr Simpson made her inhale some laudanum for a few minutes from a small ether inhaler, hot water being applied to promote its evaporation. The patient speedily began to complain of drowsiness, and was left in a state of sleep, from which she wakened in a few hours, much refreshed. The irritability of the stomach afterwards disappeared ; and in four or five days she was able to proceed on a journey of 300 or 400 miles.

ULCERATION OF THE CERVIX, &C., DURING PREGNANCY.—*Dr Cumming* related a case of mucous polypus, with slight ulceration of os uteri, accompanied by considerable hemorrhage. In the month of June, last year, the patient complained to him of having been weakened by a draining of blood from the womb of rather more than two months' duration. Suspecting ulceration, an examination by means of the speculum was made, and a small polypus, attached to the lower part of the cervix uteri just within the os, was discovered, and likewise a very superficial ulceration round the orifice. Having nothing with him at the moment with which to detach the polypus, Dr C. touched both it and the ulcerated surface very freely with nitrate of silver. From that moment the hemorrhage ceased. On the next examination, some days afterwards, no polypus could be discovered—the ulceration was proceeding favourably—and ultimately the case did well. In all probability, the polypus has been detatched by the free use of the nitrate of silver, and had come away subsequently. At the time of this slight operation, neither the patient nor Dr C. had any idea that she was pregnant ; and it was with some surprise, that precisely seven months thereafter, he was summoned to attend her in her confinement. The child was at the full time evidently, perhaps, even above the average size. There was nothing remarkable about the labour, and the recovery was good. The case, though perhaps not very uncommon, is interesting, as showing under what unfavourable circumstances, in some instances, conception will occur,

(for both the polypus and hemorrhage must have existed at that period), and pregnancy will go on.

Dr Thomson mentioned the case of a woman he had delivered of her thirteenth or fourteenth child, who had a polypus hanging from the back wall of the cervix. It did not affect either the pregnancy or the delivery, and he did not interfere with it.

Carcinoma Uteri During Pregnancy and Labour.—*Dr Somerville* mentioned a case of carcinoma of the cervix, where the woman aborted after being pregnant for five or six months.

Dr Simpson had met with three cases in which women had gone on to the full time, while labouring under carcinoma.

In the first case, he saw the woman in the Royal Infirmary, when six months pregnant. At that time, the septum, between the rectum and vagina, was already perforated by carcinomatous ulceration. She went on to the full time. As the disease did not extend to the uterus, but affected only the vagina, and surrounding textures, the first stage of labour went on, and was completed naturally ; the child was then extracted by the forceps. It was necessary, first, to incise freely the carcinomatous mass lying behind the vagina, and in bringing down the head, the perineum, which was quite indurated and tuberculated tore in its whole extent. The infant was alive and healthy. The woman had a rapid convalescence, and lived for more than two years afterwards : the carcinomatous ulceration gradually excavating and destroying almost the whole contents of the pelvis.

In a second case, which he had seen at Hamilton, the neck of the uterus was affected ; it burst during the progress of labour. The child was still-born, and the woman died immediately.

The third case he saw with Dr Barry. The woman had been ill for three days. She was very much exhausted, and her pulse very rapid. The cervix was indurated at one side, and did not seem at all inclined to yield. Two or three small incisions were made through the indurated portion. This allowed the head to pass, and the delivery was completed after five pains. It was too late, however. The patient's pulse never fell, and she sunk in two or three days afterwards.

Dr Simpson alluded to a case of the same nature, that had occurred at some distance from Edinburgh, and in which delivery was effected by the attendant practitioner by craniotomy. He doubted the propriety of this operation, and argued, that if in any instance we be justified in trying to save the child, at the expense of some additional immediate risk to the mother, it is in the case in question, where the mother's life is, from her existing disease, not worth more than a few weeks, or at most, a few months purchase. He would recommend that the diseased and obstructing part be freely incised before the patient's strength is exhausted, for nature generally at last effected this very operation by her own efforts—that is, the parts at last became torn and lacerated, but often when it was too late.

Laceration of the Cervix Uteri during Labour.—*Dr Thompson* mentioned the case of a woman whose labour was brought on by a fall in the eighth month of her first pregnancy. When he saw her the waters had been away for thirty-six hours ; the pains were very strong ; the os dilated to the size of a shilling, very rigid, and the breech presenting. While he was making an examination, he felt the cervix tear under his fingers, the fissure running to the left side. The child was born alive within twenty minutes.

Labour Obstructed by an Ovarian Tumour.—*Dr Somerville* related a case of difficult labour from an ovarian tumour. The woman was in her first labour, and the pelvis was nearly filled up by the tumour, which entirely prevented the descent of the child's head. She was freely bled, to induce as much relaxa-

hon as possible, but without in any degree assisting uterine dialatation, which had been rendered tedious from the premature rupture of the membranes. As the tumour evidently contained fluid, it was punctured from the rectum, which admitted the discharge of some of its contents. The opening was then enlarged by an incision made by a curved bistoury from the rectum, from which still more of the fluid was discharged, After waiting for some hours to see the effect of uterine contractions, in compressing the head of the child against the tumour, and so emptying it as fully as possible, it was evident that nature was inadequate to complete the delivery, and craniotomy was performed. The child was extracted after much exertion and with great difficulty. The woman recovered from the puerperal state, but within a few weeks died from some other affection. During the time she survived, a discharge similar in its nature to what escaped when the tumour was first punctured, continued to pass from the rectum, and on examination after her death, the tumour was found to be ovarian, and contained a tooth and some hair.

Polypus of the Uterus and Rectum.—*Dr Pattison* mentioned the case of a woman who died suddenly and unexpectedly, after the removal of a polypus rom the cervix uteri. She was of a soft leuco-phlegmatic temperament, and had been much reduced from a constant draining of blood from the polypus for three years, The polypus was the size of a small orange, it was ligatured with a piece of silver wire. The discharge stopped immediately. She died eight days after without any apparent cause. She complained of no pain, and had no fever.

Dr Simpson stated a case of uterine polypus in an old person that he had seen with Dr Girdwood of Falkirk, and in which death occurred before the ligature applied had entirely cut through the stalk of the polypus. He mentioned another case in which a severe attack of phlegmasia dolens followed the application of the ligature to the neck of a very large fibrous polypus. In most instances he had found simple excision of the neck of the polypus the speediest, and, he believed, also the safest method of removal, except when the neck of the polypus was very large or placed very high.

Dr Simpson showed a specimen of a true cellular polypus that he had lately removed, and which grew by a thick pedicle from the outer surface of the anterior lip of the cervix uteri. It was of an elongated flattened form, about an inch and a half in length, and composed of cellular substance, enclosed in a layer of mucous membrane. The latter was thrown into several strong folds, and gave the tumour an irregular, plicated, and porous appearance. The woman had a child about ten years previously, but has not been pregnant since. She complained of a constant vaginal discharge, and was besides annoyed by the end of the polypus occasionally protruding from the valva, and leading to irritation. Dr Simpsom removed the tumour by dividing its pedicle with a curved scissors, and ten days after he destroyed the root of its attachment with caustic potass. The patient is now quite well, and no remnant of the polypus remains.

Dr Simpson showed a polypus smaller in size, but of precisely the same anatomical characters which he had lately removed from the rectum of another patient. It had given rise to much irritation, and occasional hemorrhage. Both tumours were remarkable for their great whiteness after having been kept for a short time in spirits. He found polypi of the rectum of this kind by no means very rare, frequently giving rise to much irritation and hemorrhage, and easily removed by at once tearing or cutting through their slender stalks.

THIRD MEETING.—*March 10th*, 1847. DR SIMPSON in the Chair.

Dr Keiller, Dr Finlay, Newhaven; Dr Cunningham, Cramond; Dr M'Cowan, and Dr Mackenzie, were admitted ordinary members.

CASE OF PREMATURE LABOUR, COMPLICATED WITH A FIBROUS TUMOUR OF THE UTERUS. COMMUNICATED BY DR TOOGOOD, OF TORQUAY.—"A lady aged thirty, who had always enjoyed good health, was married in April 1846, and became pregnant in June. She was quite well until the 24th of December, when symptoms of premature labour commenced, which terminated on the 28th, in the delivery of a fœtus in a high state of decomposition. Her medical attendant remarked at the time, that the discharge was of a peculiarly offensive odour, and observed on laying his hand on the abdomen, that the uterus was considerably larger than usual, insomuch, that he suspected there might be another fœtus. With the exception of the discharge which continued, and was of the same character, nothing particular occurred; and at the expiration of a month, she came to this place. She consulted a surgeon, who, finding the uterus very tender to the touch, directed the application of leeches and the usual treatment, but as no benefit resulted, and as symptoms of great constitutional disturbance began to show themselves, I was requested to meet him on the third of February, 1847. On examining the uterus externally, it was large, and slender to the touch. Internally the vagina was very sore; the os uteri dilated to the size of a sixpence, and on pressing my finger into it, a solid body was felt. My examination corresponded in every respect with that which the surgeon had previously made. It was proposed to open the os uteri with a sponge tent in order to ascertain the nature of the mass, and, if practicable, to remove it, as the discharge continued very copious and as offensive as ever, with daily increase of the fever and constitutional symptoms. When the os uteri was fully dilated, a large mass could be felt occupying the uterus. Every prudent and cautious attempt to remove it failed, and although the tumour could be drawn down, so as to enable me to pass my two fingers behind it, it was found to adhere so strongly to the side of the uterus, that it was impossible to dislodge it. On the seventh she became much exhausted, and early on the morning of the ninth she died.

On laying open the abdomen nine hours after death, the omentum was found adherent to the uterus, the intestines lying over it, inflamed on their posterior surface. There was considerable effusion of lymph and pus in the cavities of the pelvis and abdomen. The uterus was large and much inflamed. On dividing it, a tumour was exposed, measuring five inches by four, occupying the left side of the uterus, and closely adhering to it. The internal surface of the uterus in a state of sphacelus. The uterus, including the tumour, weighed two pounds ten ounces."

The tumour (which was shown to the society) was a large fibrous mass of the usual structure and appearance: it was mostly imbedded in the wall of the uterus, but a portion of it protruded into the uterine cavity. Around the base of this portion was a marked rim or ridge, as if a layer of the uterine structure which had at one time covered it in its whole extent had been removed by ulceration. The upper part of the tumour was tolerably firm, but towards the lower part where it lay near, and, indeed, almost protruded through the os uteri, it became gradually softer, and at the very lowest part it appeared to be in a state of complete sphacelus. Its attachments to the parts in which it was imbedded were very loose, and it was enucleated with the greatest ease.

HYDATIGINOUS OVUM OR HYDATID PLACENTA.—*Dr Malcolm* showed a beautiful specimen of uterine hydatids. The quantity of hydatids, expelled from the uterus in this case, was very great. Their expulsion was preceded for some days by watery and coloured discharges. The mother had several children previously.

Dr Moir and Mr Woodhead mentioned cases of hydatiginous ovum, which they had met with. In Mr Woodhead's case, there had been more or less hemorrhage observed for four months preceding the evacuation of the hydatiginous mass.

Dr Simpson showed an old specimen of hydatid ovum, where the embryo was extremely small; not larger than a pea; and the placenta enlarged into a mass of hydatids and fibrine (decolorized blood) weighing thirteen ounces at the time of its expulsion. The patient reckoned herself gone beyond the full time of utero-gestation.

Nature of Hydatiginous Degeneration of the Ovum.—*Dr Simpson* stated it as his opinion that the hydatiginous ovum or hydatid placenta was a morbid state of a compound character. 1. The alleged hydatids were, no doubt, merely the enlarged villi of the chorion. So far the affection was a kind of *malformation* from arrest of development, the villi of the chorion remaining of their early embryonic type, and continuing to increase, and grow under this retained type of structure. But 2. the cells of the villi, constituting the hydatid placenta, appeared at the same time to be generally broken up in their internal tissues, and distended by a morbid accumulation of fluid. So far we have *disease* added to malformation; and dropsy co-existing with the hypertrophied state of these structures. It would be difficult to decide whether the dropsy stood in the relation of cause or effect to the malformation; or whether both were not the effects of some common cause.

Cases of Spontaneous Pelvic and Cephalic Evolution.—*Mr Woodhead* was called to a woman in labour at 2 a.m, but did not see her till 9. On examining he found an arm and part of the chest presenting, and already well down into the pelvis. The membranes had ruptured about twenty hours before he saw her; the pains were strong and regular. At a quarter to 11 Dr Weir saw her. The parts were then still lower down, and the chest pressing upon the perineum. A large dose of morphia was now given, and as soon as it had the effect of arresting the pains, Dr Weir introduced his hand, pulled down one foot, and thus assisted the mechanism of spontaneous expulsion, without actually turning the child, as the breech first passed the perineum, and the arm was never in the slightest degree retracted. The child was dead; the mother made a good recovery.

Dr Martin Barry read the following notes of a case of cephalic evolution :—

"Mrs S., at 39, delivered in the eighth month of gestation of her eighth child, states that about a fortnight before her delivery, she received a blow on the abdomen from the foot of a child as the latter lay asleep in the same bed. This seems to have ruptured the membranes, as the liquor amnii began to escape shortly afterwards.

"Dr Barry was called when labour pains came on, and found several loops of a vigorously pulsating cord protruding through the os uteri; immediately internal to which was a part afterwards proving to have been the left shoulder. At this time the os was not sufficiently dilated to admit of further examination, which was also rendered the more difficult by considerable rigidity of the cervix. Attempts were forthwith made to reduce the cord, and these seemed to have been in some degree successful, when, after the patient had arisen to obey a call of nature, several inches of the cord were found protruding, not from the os uteri, but from the os externum *vaginæ*, with no perceptible pulsation. The cord, however, was again reduced; and the rigidity of the cervix having been removed by tartarized antimony in quarter-grain doses, the nature of the presenting part was soon revealed.

"The contractions of the uterus now became extremely powerful, and the intervals very short. There was no time for turning, or even for procuring an opiate preparatory thereto. And the left arm having been brought down, a dead child was speedily expelled by cephalic evolution.

The order in which the parts came into the world was the following—first, the left arm ; second, the left shoulder ; third, the thorax, with the head doubled back upon it ; fourth, the abdomen and right arm ; the lower extremities coming last."

Dr Malcolm referred to a case of spontaneous evolution he had published in the 41st volume of the Edinburgh Medical Journal, p. 336. The woman had been ill for about twenty hours, and was attended by an ignorant midwife, who had attempted to deliver by pulling at the presenting part. Dr M. found the left arm and shoulder, and a portion of the thorax, already expelled through the external parts ; the shoulder pressed forward under the pubis. A large dose of laudanum was immediately given, but it only aggravated the pains, which were already powerful and frequent. Fearing rupture of the uterus, Dr M. passed up two fingers into the vagina, and found both feet jammed against the sacrum. He brought them forwards, and effected the delivery ; the feet, breech, body, remaining arm and head passing over the perineum in succession. The presenting arm was never withdrawn. The infant appeared to have been dead for some time ; it weighed rather more than 5 lbs. The woman made a very good recovery.

Dr Thomson had seen a similar case lately in the Edinburgh Maternity Hospital. He was sent for at four p.m. The woman had been in labour all the forenoon, but the presentation could not be felt till just before he was called. He found the left arm and shoulder very low down, and the breech at the brim of the pelvis. The child was expelled after two or three pains, the breech being pushed down first. The presenting arm and shoulder did not recede in the slightest degree—they were simply pushed forward under the symphisis while the breech was passing. The child was still-born, and scarcely five pounds in weight. Shortly after the occurrence of the above case, he was called to see an out-patient of the same hospital at seven o'clock p.m. She had been in labour for a considerable time, and the waters were off. The left arm was found protruding through the os uteri, which was only open to the size of a shilling. He left her under charge of a pupil, and on returning at a quarter to nine he found the child already born. The pupil had examined at a quarter past eight, and found the part much as when Dr Thomson left. The pains were now strong ; and on going to examine again in about half an hour, after a very strong pain, he found the child born. It was alive, but died soon after. It weighed about five pounds. The last stages of the labour must have been very rapid. The residual dilatation of the os, and the evolution of the child, could scarcely have occupied half an hour—there were very few strong pains.

Dr Simpson described a case of spontaneous pelvic evolution which he had seen in the second child of a twin case. He was called in about an hour after the first child was born, when the arm and chest of the second child were already protruding through the vagina, and the process of its spontaneous expulsion going rapidly forwards. It was born dead by the unassisted efforts of the uterus, in the course of a few pains, and by the usual mechanism. He further alluded to a case some years ago, attended here by Dr Cowan the arm presenting, and the breech at last passing first.

General Deductions regarding Spontaneous Evolution.—*Dr Simpson* observed that the preceding and other cases showed, 1st, that spontaneous evolution in transverse presentations was not so rare as some authors averred, and that it would probably occur oftener if proper and timely assistance were not rendered. 2d, That, under some circumstances, arm and shoulder cases should probably be left to be expelled by the mechanism of spontaneous evolution, assisting, if necessary, this mechanism by art. 3d, That this ought to be our practice, if, in an arm or shoulder case, the chest and trunk of the child be *already* thrust down into the cavity of the pelvis ; for to turn under such a complication, and, with that object, attempt to push back the body of the child from

the cavity of the pelvis into the cavity of the contracted uterus, would necessitate the redilatation of the uterus, and hence, in all probability, produce a rupture of its coats. 4th, That if the process of spontaneous evolution failed, two operations had been recommended to effect delivery, viz., evisceration and decapitation; and they had always been described as applicable to the same set of cases; but they were, in reality, individually applicable in two different sets. 5th, That evisceration was only applicable to cases of *pelvic* spontaneous evolution, demanding operative interference; and decapitation only applicable to cases of *cephalic* spontaneous evolution. 6th, Of course in all common transverse presentations seen before the body and bulk of the infant was doubled and thrust down into the cavity of the pelvis, and was still, in fact, in the cavity of the uterus, *turning* was the proper practice, and to wait for the prospect of spontaneous evolution would be utterly wrong. And 7th, a child of the common size could never, in a transverse presentation, be forced and doubled down into the cavity of the pelvis, unless the pelvis were large in its dimensions, and hence when the process of spontaneous evolution is found in an *advanced* stage, it is almost a certain sign that the pelvis is of such measurements as to give a chance of its completion.

Incision of the Os Uteri as a means of Dilating it in Obstructive Dysmenorrhea.—*Dr Simpson* stated that he had now been in the habit for three or four years past of performing the operation of incision of the cervix uteri for obstructive dysmenorrhea. He first described the operation to the Medico-Chirurgical Society in 1844, and it had latterly been adopted by Dr Rigby, Dr Protheroe Smith, Dr Oldham, and other accoucheurs in London and elsewhere. Dr S. had often been asked if he had occasion to perform the operation often. Certainly he had. In the last week he had operated in seven cases. He was in the first instance led to incise, instead of dilating the os uteri by bougies, by meeting several years ago with a patient suffering under dysmenorrhea, and who could only remain a few days under his charge. The incisions had in this instance the desired effect; and the lady was delivered of a son within a twelvemonth. She had been previously six or seven years married, but had never been pregnant.

Dr Simpson further explained that he believed the sufferings in obstructive dysmenorrhea to arise from the uterus being driven into contractions (like those of abortion) to expel its own *retained* menstrual secretions. Now, the menstrual secretion need not *necessarily* be retained when the os uteri is small; for the secretion might form very slowly, and so escape without accumulation and distension. On the other hand, it might be secreted so abundantly by the lining membrane of the uterus, as not to escape sufficiently freely even when the os was of the natural size, and thus, under that condition, lead to retention, accumulation, and expulsive pains. In fact, in order to produce obstructive dysmenorrhea, there must be a want of relation between the quantity of fluid secreted, and the quantity allowed to escape, so that a greater or less degree of retention was the result. It was of course most apt to occur with a small and contracted os uteri, and these were the cases most frequently requiring the operation.

The instrument which Dr Simpson makes use of is a kind of lithotome caché, manufactured by Mr Young, cutler. The end of the instrument is passed up through the cavity of the cervix, and within the os internum. It is then slightly opened laterally, first on one side and then on the other, so as to divide any fibres that may be causing constriction of the internal orifice. The principal incision is then made in withdrawing the instrument. This incision commences at the union of the cervix with the body of the uterus, and passing gradually more and more into the substance of the cervix as it descends, the blade is brought out at the outer and lower edge of the cervix, at the point of reflexion of the mucous membrane upon the wall of the vagina. The instru-

ment is then turned, and a similar cut made on the other side; or the incisions may be made antero-posteriorly instead of laterally. The incision is thus of a conical form, and at its lower part includes the whole thickness of the cervix. Care must be taken tha it does not pass beyond the substance of the cervix, as it is closely surrounded by a plexus of veins, which, if cut, would certainly cause severe hemorrhage. If care be taken to regulate the incision in this way, the hemorrhage is usually very trifling. The operation causes little or no pain. The lips of the wound generally get everted, and have very little tendency to cohere. If they offer to do so, it is necessary to touch the raw surface two or three times with nitrate of silver.

Dr S. showed the operation to the Society upon a uterus taken from a dead subject.

Fourth Meeting.—*April 13th*, 1847. Dr Simpson in the Chair.

Dr Young, Dr Richard Young, Dr Balfour, Dr Menzies, and Dr Burns, were admitted as resident members.

Spontaneous Evolution.—When this subject was brought before the Society at last meeting, Dr Keiller remarked that a striking instance had occurred to him when practising in Dundee. He had seen the patient early in the labour, but was obliged to leave her in the hands of a midwife, who, being a friend of the patient, had volunteered her attendance as a sick-nurse.

Dr K. was not again summoned until the case had assumed the following aspect:—The liquor amnii for several hours discharged, a large swollen arm occupying the passages, the os uteri firmly grasping the obtruded shoulder of the child, and the uterine contractions unusually violent and continuous, a state of matters that had, in all probability, been encouraged, if not induced, by large doses of the ergot of rye, which the "*midwife*" confessed had been administered for the purpose of bringing the case to a speedy termination.

Dr K. failed in his repeated attempts to insinuate his hand into the uterus, in order to complete the delivery by the operation of turning; notwithstanding the free use of opium, the uterine contractions continued for some time excessively severe, when, during a violent pain, the arm was suddenly withdrawn from the passages, and the feet and body were almost simultaneously expelled, a rapid and complete evolution having spontaneously occurred. The child was of course dead. The mother made a good recovery.

Dr Keiller farther stated in connexion with this case, that he had attended a *twin sister* of the patient in three of her confinements, in two of which the *placenta* presented, demanding turning, and in her third accouchement, the breech was the form of presentation.

Dr Weir's Vaccinator.—*Dr Weir* showed to the Society a new instrument which he and others had used for the last two years. It consists of a small handle of ivory, with four needle-points projecting from one extremity, and a small curved knife for collecting and separating the vaccine matter at the other (as shown in the cut). The skin is opened by a crucial scratch with the needle points, which are held vertically, and are lightly applied, so as merely to remove the cuticle.

The advantages of this instrument over the lancet are, that the operation is done more speedily, and that it opposes a larger surface for the absorption of

the lymph, which is less liable to be washed away by too great an effusion of blood.

Dr Weir also adverted to the different modes of preserving and carrying vaccine lymph. Of the ordinary methods, viz. by means of the ordinary vaccine bottle—between plates of glass—and in a glass tube, or in a bulb and tube hermetically sealed; the last was certainly the best method to follow in sending vaccine matter to a distance, as to India, for example. The tubes, however, are very liable to be broken. Dr W. had lately attempted to preserve it by soaking a piece of sugar with the lymph, pounding the sugar when dry, and keeping it in a well closed bottle. He applied this powder by sprinkling it on the exposed surface with a hair-pencil. In all the cases in which he had used this powder, the vaccination succeeded quite well. In two cases he made two scratches, in one of which he inserted the lymph in the usual way; in the other he sprinkled the powder. The result was much the same in all. He had attempted some time ago to preserve the lymph in naphtha, but the result was not satisfactory.

Dr Thomson stated that he almost never failed in vaccinating after the ordinary method. He always took off the matter from the pock on the seventh day. It was less in quantity than on the eighth day, but he believed it to be much more active.

Dr Weir had used matter which was twenty years old, and had been carried to India and back again four times. It was preserved partly in glass-tubes, hermetically sealed, and partly between plates of glass, covered with bladder. With the former he was invariably successful; with the latter only in one instance.

A discussion followed as to the quantity of matter that should be taken from a vesicle. Some maintained that the only active lymph is what is actually contained in the vesicles at the moment, while others were of opinion that the serous fluid which continues to exude for some time after the pock is opened, will communicate the vaccine virus by inoculation equally well as what escapes at first. It was also asked if the effect might not possibly be obtained by inoculating with the scrum or the tears of a person in whom the vaccine pock has come to maturity, in the same way as recently children have been said to have been affected with measles after inoculation with the serum or tears of others labouring under measles at the time. Dr Mackenzie, Dr Weir, and others, agreed to make experiments on the subject, and to report to the Society.

Cases of Fatal Hemorrhage from the Umbilical Vessels in Infants.—*Dr Simpson* read a detailed account of two fatal cases of hemorrhage after separation of the cord. They occurred in India, in the practice of the late Dr Christie, and were communicated to Dr Simpson by Dr Christie of Dundee.—Both infants were of the same parents, who were quite healthy. The hemorrhage did not come on till some days after the cord had separated. The ordinary means for arresting hemorrhage by pressure, and various styptic substances were used, but only with very temporary benefit. Both children died on the eleventh day. In both instances there was a degree of jaundice. In the first case, the state of the vessels was not examined, but in the second the umbilical vessels were found to have their walls much thickened and indurated as far up as the liver.

Other cases were mentioned, and the transfixion of the bleeding part with a needle and including ligature (as in hare-lip), was described as the best plan of treatment.

Fatal Hemorrhage from the Umbilical Cord three days after Birth.—*Dr Keiller* stated that he had been called upon to examine the subject of the following case of *fatal umbilical hemorrhage*, which recently occurred in the practice of a gentleman in town.

About ½ past one P.M., on Tuesday the 3d instant, Mrs ——, aged 29, was delivered of her third, a fine plump male child. The infant continued quite

well until 5 o'clock, when it began to vomit a quantity of green bilious matter. On Thursday morning, however, the child was apparently well, being able to suck greedily, but again vomited towards the afternoon. About two A.M., on Friday morning, the mother first discovered that the binder, &c., of the child were "soaked with blood from the navel." (She stated that she had changed the linens of the infant about 12 P.M., and did not then notice the existence of any bleeding). The practitioner who delivered her was immediately sent for, but could not visit at the time; he however told the parties to apply a ligature below the one that was already around the cord, but they did not *deem it their duty to interfere*, "but preferred waiting until the gentleman could find it convenient to come and tie the cord himself," which was not until between 4 and 5 o'clock, when he visited and examined the bleeding point which was at the root of the cord, and applied to it the nitrate of silver, which seemed at the time to be sufficient to prevent the farther continuance of the hemorrhage. Before half an hour had elapsed, however, he was again summoned, when he tied a ligature around the umbilicus, embracing a portion of the skin which formed its circumference. This treatment however proved too late; the child died in a very few minutes after the application of the ligature.

Fungus or Fungating Excrescences of the Umbilicus in Infants.—*Dr Simpson* stated, that in infants, after the umbilical cord has dropped off, instead of the raw surface contracting and cicatrizing, he had several times seen large granulations appear, and a red, elevated, fungus-like excrescence form at the umbilicus, resembling the fungus testis of surgeons. These umbilical excrescences in general shrink and slough after a time, or do so on being touched with alum or other astringents, or with nitrate of silver. In one case which he had lately seen with Dr Finlay of Newhaven, this simple treatment had little or no effect. The excrescence enlarged to the size of a cherry, which it likewise resembled in colour. It was apparently insensible to touch, but blood oozed from its red surface under slight handling. It was cauterized several times with nitrate of silver; but this did not cause it to shrink. At last, after several weeks, a ligature was passed round its base, and in a few days it had dropped off. It had not offered in any degree to return.

Dr Weir stated that he had met with the same appearance in a family of four or five children. In all of them a similar, but smaller excrescence, formed on the umbilicus. They soon shrunk on being treated with powdered alum.

Treatment of Inflammatory Induration of the Cervix Uteri by Deep Cauterization with Potassa Fusa.—*Dr Simpson* stated that his own observations fully confirmed the recorded opinions of Dr Bennett and others regarding the general dependence of leucorrhœa upon inflammatory ulceration and induration of the cervix uteri. He had found inflammatory enlargement and induration of the tissues of the cervix very frequent in practice, and existing, in fact, in most cases of very chronic and aggravated leucorrhœa. In practice he had seen it mistaken for the induration and ulceration of carcinoma, &c. Formerly, in the treatment of these common cases, Dr S. had employed the frequent local application of leeches, and counter-irritation to the sacrum, &c., with the use of pessaries of mercurial and iodine ointment, keeping the indurated tissues imbedded in these applications, &c. The cure in this way is tedious, and months are often required before the indurated parts became reduced. Various local escharotics, partly to destroy the indurated tissues by direct decomposition, and partly to soften down the remainder by new inflammatory action, had been in modern times employed for the same purpose, and with much more certain and expeditious effect. Dr S. had in this way employed in a number of cases nitrate of silver often applied, Vienna paste (*potassa cum calce*), and nitric acid. He stated the particulars of a case which he had treated successfully four years ago with nitric acid, and he had lately seen the patient in perfect health; it was at the time supposed that she had cancer uteri.

Latterly, Dr S. had abandoned these and other escharoties, and now always used the common *potassa fusa*. He had found it far more manageable, speedy, and certain than any other method. He used it of course through the speculum, applying a stick of it freely with a proper caustic holder to the ulcerated and indurated tissues. It required to be rubbed or held *strongly* for a time against the part which was to be destroyed. In general a piece three-quarters of an inch, or an inch long, was melted down. The decomposition produced by it often caused a hissing sound. If the induration is extensive, and the whole cannot be removed at once, increased action and absorption are set up in what remains, and the parts adjacent become softened and diminished in size. Absorption in this way was truly one of the results or consequences of inflammation, though still an undescribed *termination*. In some aggravated cases two or more applications of the caustic are required, at intervals of eight or ten days. Dr S. has never seen pelvic cellulitis, or any other bad result follow. The appearance after the operation is as if a portion had been clean cut out with the knife. A large quantity of vinegar and water is immediately thrown up through the speculum to neutralize the potassa, and prevent it from injuring the sound parts. A copious purulent discharge usually follows for several days, requiring the use of astringent washes, or zinc ointment pessaries. When the whole of the induration is once removed, the remaining ulcer heals rapidly and permanently. An ulcer over an indurated part may be cicatrized, but it is almost certain to break out again and again till the induration itself is reduced.

Epidemic Fever and Scurvy.—The number of cases of fever seeking admission into the Edinburgh Royal Infirmary continues undiminished. The managers are indefatigable in their exertions to provide accommodation. Sheds, tents, and attics have been in active requisition to receive the numerous applicants. Eight physicians have their hands full, and two more are about to be appointed. The cases of fever alone amount at present to about 600. The Epidemic is a short fever, with an almost invariable relapse about the 14th day. Along with this there are not a few cases of genuine typhus, and still some cases of dothenenteritis. The epidemic is not very fatal, except in those beyond middle life. Its contagious character is beyond doubt—many of the nurses have been attacked as well as the assistant medical officers. Among these we have already to lament the death of two young medical men of uncommon promise, Mr Holmes Ivory and Mr W. S. Dugale, and others are unhappily still in danger.

Glasgow, as regards scurvy, has been in much the same state as Edinburgh; and as regards fever, it is, like Liverpool, worse off. Scurvy is prevailing north and south of us, and is even heard of in a severe form from Exeter, where it has been well described by Dr Shapter. Even in London, so remarkable for its ordinary immunity from fever in relation to its population, fever is much more severe than usual—the Fever Hospital being already full, while the mortality per week a month ago, was already 50 within the precincts of London—more than 20 above the weekly average from fever at this season. It is not likely that any large town in the kingdom will escape the prevalent epidemic.

Progress of Etherization.—Dr Mackenzie of Glasgow says, that after witnessing the sedative effects of sulphuric ether in preventing the pain of surgical operations, he was led to try whether the same application might not prove useful in quelling painful diseases. He has since used it in a variety of eye-diseases with very satisfactory results—the diseases mentioned are scrofulous ophthalmia, corneitis, sympathetic ophthalmitis, neuralgia affecting branches of the fifth nerve, and asthenopia—and in all these some benefit was obtained.—*London Medical Gazette*, June 18.

Fifth Meeting.—*May* 12th, 1847. Dr Simpson in the Chair.

Dr E. Houston was admitted an ordinary member.

Expulsion of the entire Ovum at the full time.—*Dr Martin Barry* read the following case :—

Mrs M., aged 22, Dyer's Close, Cowgate, gave birth to her second child on Monday, the 2d of February 1846. States that the last catamenia began and terminated at the end of the preceding April.

The medical attendant on arriving found the first stage of labour complete; the presenting parts being the nates and right foot, in a position corresponding to the third position of the head; *i. e.* with the sacrum of the child directed towards the right sacro-iliac synchondrosis of the mother. "Pains" returned every three or four minutes, and the passages were not only well lubricated, but apparently very ample. With a breech presentation, however, it was not anticipated that the labour would be immediately at an end, and still less that it would be completed in the following remarkable manner.

The patient having expressed a wish to obey a call of nature, the medical attendant withdrew; but before many minutes had elapsed he was urgently requested to return, and found the child not only born, but lying with the liquor amnii in its unruptured bag of membranes, and the placenta expelled along with it; the whole having been precipitated almost without a "pain" into the pôt de chambre. The membranes were ruptured without delay; after which a tap on the nates and the dashing of a few drops of cold water on the chest were found sufficient to establish the free respiration of the child.

The mother is a very little woman. Some flooding followed. Forty hours after birth the child weighed 5 lb. 3 oz. 3 drachms. When born it must have weighed more, for it had not received nourishment nearly equal in quantity to the evacuated meconium.

Various similar cases were mentioned by other members.

Cyst in the Uterus of a child three months old, with another cyst like a Corpus Luteum in one of the Ovaries.—Dr T. M. Lee showed to the Society the uterus and ovaries of a child that had died of an acute disease after a few hours illness, and had previously exhibited no symptoms which indicated any derangement of the genito-urinary organs. It was during an examination of the body after death, that a vascular protuberance was discovered on one of the ovaries, similar to that which is observed when a *corpus-luteum* is present. A section of this ovary disclosed a cyst corresponding to the bulge upon its surface, having a dense fibrous capsule, thinly coated with a yellow curdy matter, and containing serous fluid. Both the ovary and the Fallopian tube of this side were much larger than those of the other side. When the vagina and the uterus were slit open, the lips of the *os uteri* appeared somewhat thicker and softer, and more pink in colour than usual; and a round cyst about the size of a small pea, and of a leaden hue, was found in the womb closely and organically attached to it, just below the opening of the larger Fallopian tube by a fibrous base, the diameter of which was fully half of that of the cyst itself. This cyst, which was filled with fluid blood, was also composed of dense fibrous tissue, and became quite white like the texture of the uterus when the blood contained in it was washed away.

Imperforate Anus.—Dr Keiller communicated two very interesting cases of *Imperforate Anus*, from Dr Lyell, Dundee. In one of the cases Dr. L. had recourse to the measure usually adopted in order to establish a perineal outlet for the fæces. The operation of cutting down upon the gut was not followed by any permanent benefit, although performed thrice during a period of six weeks, about the end of which time, however, some feculent matter was observed to pass with the urine per urethram, and in a few days afterwards the fæces

totally ceased to be emitted by the artificial anus, which soon became obliterated. *The child continued quite well, passing its fæces by the urethra until it was exactly twelve months old,* when convulsions and death supervened in consequence of a complete stoppage, both of urine and fæces, having taken place from obstruction of the urethra. On dissection Dr Lyell discovered that in operating, he had always cut into the urinary bladder, into which a small and imperfect gut was found to terminate, there being no regular rectum, sigmoid flexure, or descending colon present. The obstruction was found to have taken place in the prostatic portion of the urethra, which was completely filled with a substance resembling skins of raisins, coated over with brown calcareous deposit. It was somewhat remarkable that during the *first six weeks* of this child's life, its urine was passed in a *limpid* stream, without the slightest admixture of feculent matter, which latter was, throughout that period, evacuated by the opening made by Dr L. in the perinæum, from which moreover no urine was ever observed to pass.

The second case was remarkable from the child having *lived upwards of twelve weeks without any fæcal outlet but that of the mouth.* Dr Lyell was prevented from attempting the formation of an artificial anus, in this case; a post-mortem examination proved, however, that no operation could have been successful, as the blind pouch of the gut was far beyond the reach of the knife. The anatomical peculiarity in this case, consisted in the colon terminating in a large globular cul de sac, which was found floating loosely among the other intestines in the umbilical region. Dr Keiller exhibited preparations from the above cases. Both were male children.

Varicose Tumour of the Labia during Labour.—*Dr Burns* had seen several cases of enlarged varicose veins of the labia. In one instance they formed an immense tumour which burst shortly before the head passed, and caused a considerable loss of blood. *Dr Simpson* had met with the same several times. Some of the tumours were large; one only ruptured. The hemorrhage being venous, is like venous hemorrhage elsewhere, generally easily restrained by a little compression. If it is troublesome, the labour may be hastened by the forceps or otherwise. Dr S. stated in proof of the very vascular character of the parts at the root of the labia externa, that three instances had occurred in Edinburgh, during the last 20 years, of death from cuts or stabs in the pudendal venous plexus. In all these three cases the persons inflicting the wound had been tried in our criminal courts for murder.

Wednesday, 12th May.

Pregnancy with Tumours of the Uterus.—*Dr Martin Barry* read the following case, which had been communicated to him by Mr Robert Dashwood, of Beccles, Suffolk.

"Mrs W. B., æt. 29, had never been pregnant, though married 10 years. In the latter part of January 1846, she complained of constant pain in the left iliac region. After the bowels had been freely emptied, the pain still continuing, I examined the abdomen, and found a firm resisting tumour about the size of an orange, with inequalities on its surface, situated above the pubes towards the left side, and perfectly moveable. Mrs B. had not ceased to menstruate until at the last period, when she described herself as being ill only one day, and supposed that she had at the time taken cold, and that her illness was attributable to it. I obtained an examination per vaginam, a few days afterwards, and with difficulty reached the os uteri, it being situated high up. The neck of the uterus seemed healthy, and the body of that organ did not appear to me enlarged: the os itself was closed. Lifting the uterus with the finger evidently affected the position of the tumour. Considering Mrs B. not to be pregnant, and that the enlargement was probably a tumour in some way connected with the uterus itself, I urged her to proceed to Norwich and take the opinion of my

friend Mr P. N. Scott, whose extensive experience in obstetric practice pointed him out as most capable of deciding on the nature of the case. Accordingly, on the 9th of February, Mr Scott examined Mrs B. with me; and, after a long and careful investigation, came to the conclusion that there was no ground to believe her pregnant (the state of the mammæ and umbilicus militating against that opinion), and that the tumour was not ovarian, but probably connected with the uterus itself. He advised the progress of the case to be watched, and only temporizing measures to be employed.

"From this time the tumour kept rapidly increasing; three separate masses became distinguishable,—one very hard, tender, and projecting from the mass of the tumour, was situated just below the umbilicus,—the two others occupied respectively the right and left iliac regions. Mrs B.'s health became much impaired. The os uteri gradually ascended above the pubis, out of reach of the finger; and an incompressible and apparently immoveable mass—pushing forwards the posterior wall of the vagina—gradually descended, filling up the pelvic space so as to admit a finger with difficulty between it and the pubis.

"Mr Scott visited Mrs B. in the month of June, when, while examining the size of the tumour through the abdominal parietes, he suddenly felt what he could not doubt to be the movement of a living fœtus. From about this time Mrs B's. health improved, the usual signs of pregnancy were developed, and every thing went on well; when, on the 1st of September, slight pains set in, which continued until mid-day of the 4th, at which time parturient pains commenced. Mr Scott, who had kindly offered to give me his valued assistance at the time of delivery, and Mr Henchman Crowfoot of Beccles, visited her with me soon after; and I am much indebted to the judgment and skill they evidenced on this occasion. The os uteri was found with difficulty by turning the palmar aspect of the finger towards the pubis. It was dilatable and dilating, with a fœtal head presenting through the membranes. The tumour, situated as described above, gave no hope of its containing fluid, so as to admit of being reduced in size by puncturing. At about 9 p.m., the membranes gave way, and the pains became stronger. While making an examination, Mr H. Crowfoot perceived a yielding of the tumour; which by forcible pressure was made to retire higher up into the abdominal cavity, thus allowing more space between it and the pubis. This space was gradually and by the same means increased, until with the assistance of the lever, it allowed the passage of the fœtal head, the pains being rendered more powerful by a dose of ergot; and delivery of a still-born child was happily accomplished at about 1 a.m. of the 5th.

"Six weeks subsequently, an examination was made; when the mass of the tumour was found to be equal in size to a uterus at the 7th month, of a lobulated character, and having three remarkable projections from it,—one of them extending up to midway between the umbilicus and ensiform cartilage. Inferiorly it pressed strongly on the rectum, and filled the whole cavity of the pelvis."

Large Fibrous Tumours of the Uterus, complicating Pregnancy and Parturition.—*Dr Simpson* stated reasons for believing that in the above case, the existing compound tumour was the common fibrous or fleshy tumour of the uterus. It was well known that fibrous tumours were very common organic changes in the unimpregnated uterus. He had seen several cases in which, when still small, they were found present, and showed themselves in the form of nodulated irregularities on the surface of the pregnant and puerperal uterus; so that they did not prevent conception. Further, he mentioned the particulars of three cases which he had met with, where fibrous tumours of a large size complicated pregnancy and parturition.

Case 1.—A patient after being married for 10 or 12 years without any issue, passed two menstrual periods. A very large pelvic tumour, which had been long present, began to increase in size. Dr Simpson then saw her along with

Mr Dixon and Dr Taylor. There was a very large hard fibrous tumour of the uterus, and low on the left side and in front, a soft elastic part, having much the character of a dropsical ovary. And it is well known, that fibrous tumours of the uterus and multilocular dropsy of the ovary sometimes coexist; but Dr Simpson knew no other kind of cystic collection ever existing along with fibrous uterine tumours. In this case, however, the soft fluctuating part was not the ovary, for it was situated *anteriorly* to the hard uterine tumour, whilst diseased ovaries lie *posteriorly* to the uterus. This led Dr Simpson to suspect pregnancy, improbable as it otherwise was, and to hazard a diagnosis to that effect. It proved correct. The fœtal heart was heard about the fifth month, and pregnancy went on the full time. During labour, one portion of the tumour filled up so much of the brim of the pelvis, that the child required to be extracted by turning. It was still-born. The mother made a good recovery.

Case 2.—A patient applied to Dr Simpson with a large pelvic tumour. She was suffering from dysuria, &c., and had not menstruated for three months. Dr Simpson found the uterus retroverted, and an enormous fibrous tumour in the walls of the organ. The case was at this time seen by Dr Renton, Dr Ziegler, and others. The uterus was replaced by Dr Simpson with difficulty, and some weeks subsequently the fœtus was expelled. About a year afterwards, the same patient again became pregnant and went to the full time. The labour was extremely tedious—a portion of the tumour diminishing the brim of the pelvis—and at last the child was expelled by the spontaneous efforts of the uterus, but with the head greatly compressed and flattened. The mother recovered rapidly. In the unimpregnated state, the fibrous tumour in this instance reaches to the umbilicus, and is as large as a uterus at the fifth or sixth month of pregnancy. The uterine cavity is found by the uterine sound to be six inches in length.

Case 3.—A patient, pregnant for the first time, who had been long delicate, arrived at the full term of utero-gestation, and after a somewhat tedious labour, was delivered of a dead child. There was a slight degree of hemorrhage, but it was easily arrested. From the time, however, of delivery onwards, the patient continued to sink—became faint and listless, and then comatose—and died in this state five or six hours subsequently. She seemed never to rally from the "shock" accompanying delivery. Dr Malcolm saw her with Dr Simpson. On opening the body, they found the uterine parietes thickly studded with fibrous tumours, and counted as many as forty hanging in a more or less pediculated form, from its external or peritoneal surface; and of all sizes, from an orange downwards. They were easily diagnosticated through the abdominal parietes during her life. The cavity of the uterus contained no collection of blood.

In addition, Dr Simpson alluded to two cases of large fibrous tumours complicating labour, published in the Dublin Medical Journal, the one by Dr Montgomery, the other by Dr Beatty. In the former, the fibrous tumour having entered the pelvis, formed such an obstruction to the passage of the child that the Cæsarean section was required. In Dr Beatty's case, it was supposed, before the commencement of the labour, that the same proceeding would be necessary; but, in the course of the labour, the tumour was gradually raised by the uterine contractions out of the pelvis, and the child spontaneously expelled.

What practice should be followed in Cases of large Fibrous Tumours complicating Pregnancy.—*Dr Simpson* adduced the opinion of Dr Ashwell, who, in discoursing on this subject, inculcates the propriety of inducing premature labour in order to evade the danger of inflammation of the pelvic tissues and peritoneum, and the still more hazardous evils of unhealthy softening, suppuration and ulceration of the tumours themselves. But Dr Simpson stated that he entertained very serious doubts of the correctness of the observation of Dr Ashwell, that fibrous tumours had a tendency to soften during the latter months more than at any other period of pregnancy; and disapproved of the

induction of premature labour as a general rule of treatment in such cases believing, as he did, that the excitement of the uterus by artificial means to the premature expulsion of its contents, would be as likely to induce such anticipated morbid actions, as the supervention and completion of a natural pregnancy and labour. He believed, that the only cases of this kind which demanded the induction of premature labour were those in which the tumour encroached upon the brim of the pelvis, and thus produced such contraction of the maternal passages as rendered a natural labour impossible.

Treatment of Fibrous Tumours in the Unimpregnated Uterus.—*Dr Simpson* called attention to the manner in which nature sometimes proceeds to stop the progress of these tumours; namely, by the gradual transformation of their fibrous tissue, firstly, into a cartilaginous and then into an earthy and almost inorganic mass, not prone to enlarge or change its condition. He stated, that this alteration seemed to indicate the death, or at least the cessation of the reproductive action of those cells which form the essential growing constituent of the tumour. He cited, in illustration, the analogous case of some entozoa, particularly the *trichina* and *cysticercus*, which, after their death, were sometimes found, with their containing cysts, ossified. Further, Dr Simpson mentioned the interesting experiments of Rayer, in which that pathologist induced the artificial transformation of normal fibrous tissue (such as the ear of the rabbit), into cartilaginous and osseous substance by the repeated or continued irritation of it. And, as a result of these remarks, Dr Simpson suggested the possible induction of osseous transformation as an indication of treatment in fibrous uterine tumours. He thought that the repeated transmission of a galvanic current through the tumour might possibly produce the required degree of irritation and its desired result.

Case of Phlebitic or Puerperal Ophthalmia, read by *Dr Graham Weir*.—Mrs Cameron, æt. 37, (Henderson Row,) was delivered on the 5th November 1843, of her eleventh child, after a protracted labour and severe hemorrhage (placental presentation)—on the 8th, symptoms of uterine inflammation appeared, ushered in by severe rigors. The local pain was relieved by hot turpentine fomentations, calomel and Dover's powder, and tartar emetic. The constitutional symptoms, however, continued unabated. On the afternoon of the 14th, being the 9th day from her confinement, she had severe shiverings, and, shortly afterwards, was suddenly seized with a peculiar sensation, which she described as a rush of blood to her head, especially to the left side of it. The sensation was so distinct as to make her call her husband's attention to it. Soon afterwards, violent pain commenced in her head, particularly round the left orbit. She then remarked that she could hardly see with the left eye, or, as she expressed it, "there was a great dimness over it;" there was intolerance of light with both eyes, but more with the left, and scalding lachrymation. The integuments of the left orbit and cheek were considerably swollen and red—the conjunctival vessels were slightly congested—the iris was active, but from the great tenderness of the eyelids and the intolerance of light, it was found impossible to make a minute examination of the eye. The pulse was 120, and tolerably firm, and there was no abatement of the other feverish symptoms. Warm fomentations and poultices were applied to the eye. On the 16th, the pain in the head was slightly relieved, but the dimness of vision with the left eye was increased, and there was great tenderness in and around it. A dozen leeches were applied around the eye that evening, with considerable relief to the pain in both the eye and the head; and a mixture of hyoscyamus and camphor given internally. On the 17th, there was less redness of the conjunctiva, but several portions of it appeared to be stained of a pale yellow colour; there was copious lachrymation; and total loss of sight with this eye. The warm fomentations to the eye were continued, (while, for the uterine affection, she was ordered a mixture of camphor and nitrous ether, and a morphia draught at night).

On the 19th, the pain in the left orbit continued severe. There was an evident fulness of the parts immediately around the eye, especially at the upper and outer angle of the orbit, and the eye itself appeared to be slightly enlarged. The yellow colour of the conjunctiva had disappeared. The constitutional symptoms were much the same.

November 21st. (On making a careful examination of the eye, the following appearances presented themselves.)

The upper lid of the left eye very dark and discoloured from the application of the leeches, and both lids very much swollen. The conjunctiva covering the lower part of the globe, projected considerably between the lids, and hung out, as it were, in a sort of bag, filled with a transparent, whitish-coloured fluid, which seemed to be a mixture of serum and fibrin. The conjunctiva behind the upper lid was also in the same state, but a good view of it could not be obtained. At the inner canthus, the conjunctiva was covered with numerous red vessels. The globe appeared to be both larger than the other, and to be considerably pushed forwards. Great pain was complained of below the supra-orbital ridge. The iris, which in the right eye was of a bluish-gray colour, was, in the left, changed to a greenish hue, as if from the effusion of fibrin into its substance—it was fixed and immoveable, and the pupil was slightly irregular. Behind the pupil, a grayish opacity could be observed. Vision was completely gone.

The abdomen was very tympanitic—pulse 120, and feeble. Tongue clean, and bowels open. The projecting conjunctiva was punctured in several places, and a quantity of a transparent slightly yellow-coloured fluid evacuated. Warm fomentations were applied to the eye, and a small quantity of cusparia and wine given internally.

On the 22d the conjunctiva was again punctured, and some of the fluid examined by the microscope, but no pus globules could be detected in it. To take a pill of quinine and aloes, āā gr. ij. three times a-day.

Nov. 23d. The chemosis much diminished; both the sclerotic and the conjunctival vessels now very distinct, as was also the opacity behind the pupil. During the night she complained of a pain in the *right knee*, which was found to be a little swollen and painful to the touch; and there seemed to be fluid effused around the joint.

Nov. 25th. The eye better, there being less vascularity and pain; but the globe still hard, tense, and projecting. (The eye improved as the knee became worse.) Knee more swollen, and fluctuation very distinct; veins of the leg not affected. Twelve leeches were applied to the knee, and the fomentations continued.

Nov. 28. The pupil more irregular and ragged looking, and, as it were, dragged from side to side. The globe had returned to nearly its natural size. Had been observed to squint frequently for the last two days, and had been frequently in almost a state of stupor. The knee was rather diminished in size, but was still painful, and the fluctuation distinct both above and below the patella. The abdomen continued tympanitic—pulse 100, feeble. Tongue clean, bowels open; knee again leeched.

Nov. 30. Chemosis returned, with dense effusion of serum below the whole conjunctiva, causing great projection of the globe, with much pain in and around it; the upper eyelid could not be raised. Less tension of the abdomen. The chemosis was again punctured with relief. A blister was applied to the knee, and another to the left temple—the quinine and aloes pills, and the wine, continued.

Dec. 2d. Much less tension of the abdomen, but the knee rather increased in size. The eye appeared to be nearly double its natural size, with considerable inflammation of both conjunctiva and sclerotic. Pupil very much contracted, with numerous adhesions to capsule of lens; lens itself of a whitish colour, and opaque. Iris pushed forwards—pulse 90, firmer. To give up quinine, and take pill Hydrarg. gr. ij. c. P. Opii. gr. $\frac{1}{4}$, three times a-day; to have a small quantity of steak and wine, and continue fomentations to eye and knee.

Dec. 7th. Better. Less inflammation and projection of the eye; iritis nearly gone, but pupil very irregular, with many adhesions; the iris and opaque lens are pushed forwards towards the cornea at its upper and inner part; no chemosis; knee rather diminished in size, but still painful; mouth slightly sore. To give up pil. hydrarg. and take quinine, gr. ij. three times a-day.

Dec. 10. Much better. There only remains slight sclerotitis, but no perception of light; knee also better, since twelve leeches were applied to it two days ago; and there is less pain in it on pressure—pulse 80, firm.

Dec. 15. Two days ago the eye became worse, with considerable pain in the globe, extending to the side of the head and cheek, but with very little inflammation in any of the tissues of the eye itself; the knee continued to improve, but she had had shiverings the previous night. Twelve leeches were applied to the temple, and hot fomentations, and she was ordered a blue pill night and morning.

Dec. 18th. There is now almost no inflammation in the eye, and, on passing a lighted candle before it, she can tell when the hand is interposed between the eye and the flame. The knee is also diminished in size, and is less painful, and she can stretch it out a little better. After this date, her recovery was steady and uninterrupted.

Dr Burns had attended, two months ago, a woman who was delivered on the third or fourth day after being seized with fever. Uterine phlebitis came on, which proved fatal. A few days before her death the left eye became severely inflamed. The mother of this patient was seized with erysipelas of the face, and died in four days.

Sixth Meeting.—*June* 15th, 1847. Dr Simpson in the Chair.

Dr Ebenezer Skae and Dr Buchanan were elected ordinary members.

Case of fatal Puerperal Arteritis; Phlegmasia dolens of the left upper extremity, &c.—*Dr Simpson* detailed the following case of partial placental presentation, which Dr Beilby attended along with him several years ago, and where secondary inflammatory affections of a very unusual kind supervened, and carried off the patient five weeks after delivery. The lady, about a year before becoming pregnant, laboured under a very severe attack of rheumatic endocarditis. During the latter period of utero-gestation, she suffered greatly from attacks of difficult breathing, which amounted sometimes to orthopnœa. About the eighth month hemorrhage suddenly supervened, and Dr Simpson immediately ascertained, that, in addition to her other complications, she had the placenta projecting over the posterior lip of the uterus. After the os uteri was nearly dilated, the membranes having been ruptured some hours before, without suppressing the very severe and exhausting hemorrhage that was present, Dr S. extracted a child, who is still living, with the long forceps. The mother seemed for some days to be making a most perfect and satisfactory recovery. Some symptoms of irritation, however, supervened, and, during the second week after her confinement, Dr S. found, on making his morning visit, that there was no pulse to be felt in the right arm lower than the elbow, whilst it was distinct and strong down to that point. This forearm felt, at the same time, coldish, stiff, and benumbed. In the course of a few days, the pulsation in the right radial artery gradually but feebly returned, whilst the circulation, in the one and the other leg, seemed to be similarly affected. At last, unequivocal symptoms of erratic phlebitis began to show themselves, and, five weeks after delivery, ended in a fatal attack of phlegmasia dolens in the left arm and left side of the face. On opening the body, the *vena innominata* on the left side, and its large affluent trunks, were found entirely obstructed

by coagulable lymph. The humeral artery, at the bend of the arm, was shut up by a coagulum; but the inner coat of the vessel had no appearance whatever of laceration, such as was seen in all the cases of spontaneous obliteration of arteries, so well described by the late Professor Turner, in the *Edinburgh Medico-chirurgical Transactions*, vol. iii. p. 105. The uterus was nearly of its natural dimensions, and did not present any traces of diseased action. The valves of the left side of the heart were profusely covered over with small wart-like excrescences. Was, Dr S. inquired, the obstruction of the artery, or arteries, in this case, produced by any mechanical cause, (as one of the vegetations separated from the cardiac valves), carried along, in the case of the arm for example, to the bifurcation of the humeral artery, and impacted there? Was it not rather the result of an original *puerperal arteritis?* Or it might be the effect of an effusion of coagulable lymph from phlebitic inflammation in the coats of the artery, a secondary phlebitic deposit upon the lining arterial membrane. Dr Parry, in his work on the arterial pulse, (p. 139), mentions an analogous case of local stoppage of the pulse in the arm of a puerperal patient. It took place two or three days after parturition, and was attended with coldness of the arm; but the power of motion remained. The other arm had lost all power of voluntary motion, but the pulse was distinct in it. The patient soon died, but a dissection was not obtained.

Puerperal Convulsions connected with Inflammation of the Kidney.—Dr Simpson pointed out the connexion of puerperal convulsions with derangement of the kidney as a very striking fact in Obstetric Pathology. He had seen *post-mortem* appearances of nephritis in some fatal cases of convulsions.

Case I.—In this case, the patient, a delicate female, was exhausted by the pains of labour, and complaining of severe headache when the convulsions supervened. Dr Niven promptly and easily delivered the child, which was dead, by turning. The convulsions gradually subsided, but re-appeared several times. In the intervals she was profoundly comatose; and, in this state, she died about forty hours after the first attack.

Post-mortem Appearances.—When the lateral ventricle of the right side was opened, fluid blood escaped. The corpus striatum and outer part of the optic thalamus were broken up, and mixed with a large quantity of coagulated blood, forming a clot of large size. The fluid blood was found in the opposite lateral ventricle, also in the third and fourth ventricles. The right kidney was converted into numerous cysts, of about the size of a walnut, containing unhealthy pus, which passed along the ureter and filled the bladder. The left kidney exhibited an advanced stage of Bright's disease.

Case II. Dr S. lately saw with Dr Carmichael. The lady had so perfectly recovered after a labour which was quite natural, as to have been out at church, &c. Seven weeks, however, after delivery, after some sudden anomalous affections of sight and hearing for thirty or forty hours previously, she was seized with the most severe convulsions. Despite free evacuations, &c. &c., they continued to recur from time to time, and proved fatal in three hours; the patient during that time never being perfectly sensible. The pelvis of each kidney was filled with a whitish purulent-like matter, and its mucous lining membrane coated with large patches of adherent coagulable lymph, or false membrane. The ventricles of the brain were distended with serous fluid. The urine, when tested, presented no sign of albumen.

Case III.—In a third case, one fit of convulsions came on a month before delivery, and recurred again in a severe and fatal form fourteen days after confinement. During the intervening six weeks she was free from any symptoms, and the labour was natural. The last attack came on suddenly in the evening, about nine o'clock; the convulsions were again and again repeated, and she died comatose in eight hours.

Dr Maclagan, Dr Handyside, and Dr Simpson had examined the urine during this last attack, but found in it no traces of albumen. On inspecting the body,

some whitish turbid fluid was found in the renal pelvis, and could be pressed out abundantly from the renal papillæ. It looked like pus. On microscopic examination, it seemed to contain merely a very large quantity of epithelial cells, and no pus globules. Was this inflammatory? There was no effused fibrin or coagulable lymph.

Puerperal Neuritis in the Lower Extremities.—Dr Simpson directed the attention of the society to this as another not unfrequent, but neglected form of puerperal disease. He had seen several cases of it, and had found it mistaken for phlebitis and other forms of phlegmasia dolens. It was characterized often by numbness and tingling of the affected limb, and pain, fixed or remittent, passing along the crural or sciatic nerve, down to the knee, calf, or even the foot—increased by pressure along the course of the nerve, and by stretching of the limb, sometimes relieved by strong pressure on the highest portion of the nerves. Sometimes there was no coexistent œdema, or if it were present the pain was in a degree greatly disproportionate to the œdema. It was often very protracted in its course. After local leeching, an elevated position of the limb, the application of belladonna, aconite, &c., greatly relieved the patients.

Various members alluded to cases of this disease which they had seen.

Etherization in Labour.—In addition to the inferences drawn from a former communication (see meeting of Feb. 20), Dr Simpson now added the following :—1. The state of etherization had little or no influence upon the fœtus; none at least of a deleterious kind,—the fœtal heart increasing only a few beats, if at all, when the mother was kept long and fully etherized, either during pregnancy or labour. 2. The mother, during labour, may be kept etherized, if required, for one, two, three, or more hours. Dr Simpson described two cases, in one of which the mother was about six, and in the other about four hours etherized, before the children were born. In both cases, the duration of the intervals, and of the pains before and during the etherization, was noted (as in the experiments which Dr S. had published on galvanism), and the etherization seemed to have no effect either on their frequency or strength. But, 3. In two or three cases, Dr S. had seen a very deep state of etherization modify apparently the full strength of uterine contractions, but they recurred immediately in full force when the patient was allowed to fall back into a state of slighter etherization. 4. Dr S. had hitherto seen no traceable injury to either mother or child, from its employment, but the reverse. 5. The inhaler he used was either a concave sponge saturated interiorly with ether, and held over the face, or a simple portable flask, such as is represented in the accompanying woodcuts. The ether flask is a flattened ovoid metallic bottle, exactly resembling the common nursery bottle; perforated, like it, at the side with an aperture (2) to admit the ingress and egress of air, and with a moveable mouthpiece (*m*) attached to one end. The instrument is without valves A plug fitted to a screw-socket fills accurately the lateral aperture (*a*) when the instrument is shut; when it is open and in use, the plug is unscrewed so that the aperture is freely opened. The following letters point to corresponding parts in each of the following figures; *a*, brass plug described above, having holes cut in its sides for the admission of air when unscrewed; *b*, body of inhaler; *n*, neck; *m*, mouthpiece; *t*, tapering tube $1\frac{5}{8}$ inches long, reaching into the cavity of the inhaler, and attached by a screw to the neck, *n*. This tube prevents the regurgitation of fluid from the cavity of the inhaler. Length of inhaler from 1 to 2 (see Fig. 1), $7\frac{1}{4}$ inches; breadth from 3 to 4 (Fig. 1), $3\frac{1}{4}$ inches; thickness from 5 to 6 (Fig. 3), $1\frac{7}{8}$ inches.

Figure 1 shows the inhaler shut up, and as carried in the pocket, leaving the mouthpiece (*m*) turned down on the body (*b*); the air-hole (*a*) closed, and a brass cap (2) screwed on the orifice of the neck. Ether may thus be carried in the interior of the instrument.

Fig. 1.

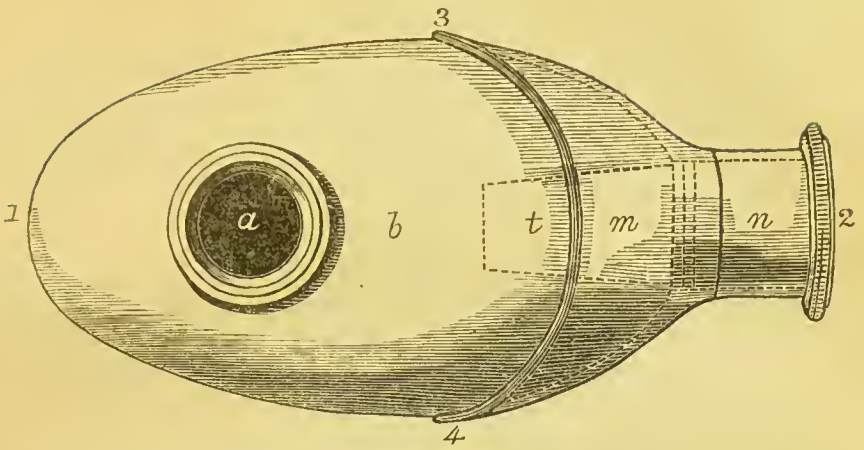


Figure 2 shows the inhaler, having the mouthpiece in its proper position, and the neck and the lateral air-hole (*a*) open.

Fig. 2.

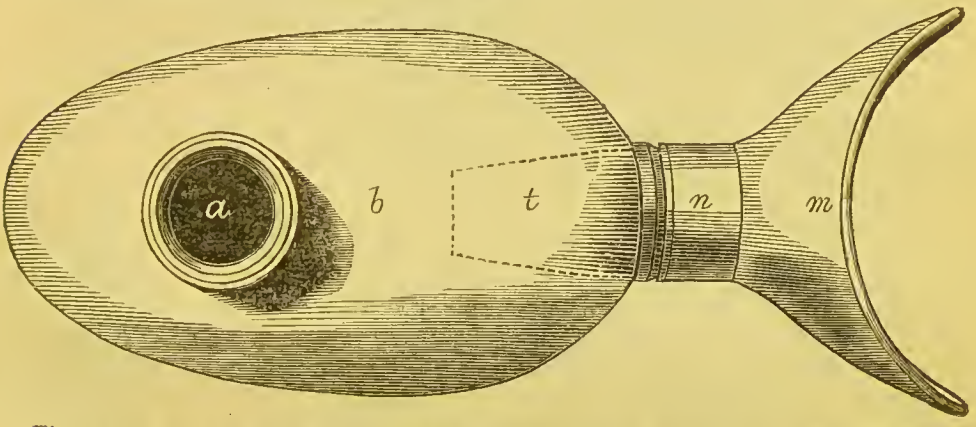
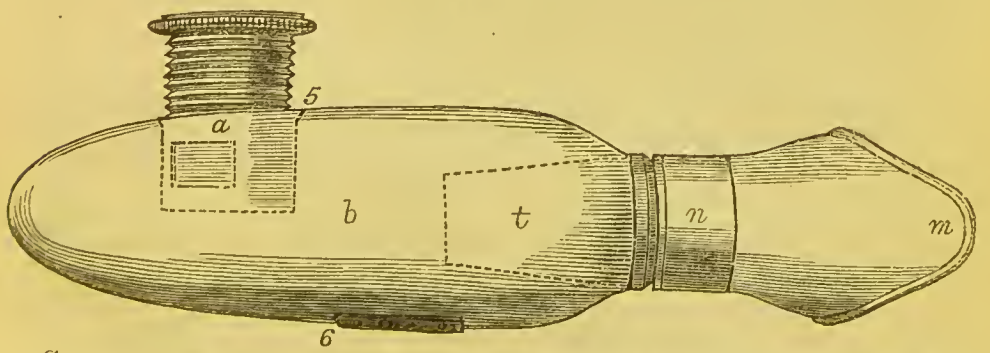


Figure 3 shows a side view of the inhaler when ready for use. The mechanism of the screwed ring and socket for admission of air (*a*) is distinctly seen.

Fig. 3.



Cases of Anencephalous Births.—Dr Keiller read a short paper on the subject of *anencephalous monsters*, and particularly referred to cases that have occurred in the practice of Dr Lyell of Dundee. Dr Keiller also produced a dissection which he had made of a similar case reported to the Society by Professor Simpson, and exhibited the sketches which accompanied Dr Lyell's report.

The cases were extremely analogous in kind, and differed only in the degree of deficiency in the brain and its osseous coverings. Spinal fissure existed in

all the cases, and two of them (Dr Lyell's cases) presented, in addition to the cranial and vertebral malformations, good examples of *exomphalus*, the abdominal parietes being in both extremely defective.

Dr Simpson stated, that in his opinion, in anencephalous monsters, the malformation arises from intra-uterine disease, viz. from the bursting of the head when hydrocephalic. The brain is opened up and distended by fluid, so that it becomes gradually absorbed; and at length the enclosing membranes give way. The two small tubercles, always seen in anencephalous cases, lying on the base of the cranium, seem to be nothing else than the remains of the membranes, shrunken up, and almost obliterated.

Lesions of the Nervous System, &c., in the Puerperal State connected with Albuminuria.—Dr Simpson detailed some cases illustrative of the effects of Bright's disease, as denoted by the appearance of albumen in the urine under the action of heat and nitric acid. He drew the following conclusions:—

1. Albuminuria, when present during the last periods of pregnancy and labour, denotes a great and marked tendency to puerperal convulsions.

2. Albuminuria, in the pregnant and puerperal state, sometimes gives rise to other and more anomalous derangements of the nervous system, without proceeding to convulsions; and Dr S. had especially observed states of local paralysis and neuralgia in the extremities, functional lesions of sight (amaurosis, &c.), and hearing; hemiplegia and paraplegia more or less fully developed.

3. Œdema of the face and hands (going on occasionally to general anasarca) is one of the most frequent results of albuminuria in the pregnant female.

4. The presence of this œdema (3.), or of any of the lesions of the nervous system (2.), with or without the œdema, should always make us suspect albuminuria; and if our suspicions are verified by the state of the urine, we should diligently guard, by antiphlogistic means, &c., against the supervention of puerperal convulsions.

5. Albuminuria, and its effects (1, 2, 3), are far more common in first than in later labours, and these constitute a disease which in general disappears entirely after delivery. But Dr S. has seen one case commencing with slight blindness, but no œdema, and ending gradually in hemiplegia, where the palsy partially remained after delivery, and after the disappearance of the albuminuria. In another, amaurosis came on with delivery, and had been present for six months when Dr S. first saw her. She had no œdema or other symptom of albuminuria except the amaurosis; but, on testing the urine, it was highly albuminous.

6. Albuminuria, with convulsions, &c., occurring in any labour later than the first, generally results from fixed granular disease of the kidney, and does not disappear after delivery.

7. Perhaps in puerperal convulsions, &c., produced by albuminuria, the immediate pathological cause of the nervous lesions is some unascertained but poisoned state of the blood. Was there a morbid quantity of urea in the blood? In several specimens of the blood of patients suffering under severe puerperal convulsions, furnished by Dr S. to Dr Christison and Dr Douglas Maclagan, these gentlemen had been unable to detect any traces of urea. Was the poisoning material caseine in morbid quantity or quality? The dependence shown by Gluge and others of albuminuria upon stearosis of the kidney, makes this connexion worthy perhaps of some inquiry.

8. In cases of severe puerperal convulsions, &c., from albuminuria, the renal secretion is in general greatly diminished, and Dr S. had found active diuretics apparently of great use along with or after venesection, antimony, &c., especially where the case was offering to become prolonged.

9. Sometimes hemiplegia supervened during pregnancy without albuminuria, but this form did not seem to interfere materially, or very dangerously, either with the pregnancy or labour—the disease running its own usual course. In one case Dr S. had seen the patient gradually but imperfectly recover the use of the palsied arm after delivery. In another no improvement occurred.